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ABSTRACT

This study investigated the use of reading activities in the enhancement of the lives of nursing-home patients. A special reading group was led by a reading specialist in weekly sessions. Patients voluntarily attended the one-hour sessions and read short selections supplied by the reading specialist. Patients ranged in age from 54 to 91. The effects of poor vision, impaired hearing, and generally poor health on reading were studied. Personal interviews with the 15 patients gave the investigator insight into the type and quantity of personal readings. Other aspects studied were the social interaction of the group in discussion of selected reading materials and the possible reduction, through reading, of reality disorientation resulting from aging. (Author/MB)

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Enhancing the Lives of Nursing Home Patients through Reading Activities*

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Introduction

In our youth-oriented culture, the elderly are often the last to be served and the first to be forgotten and left to exist on their own resources. Senility follows old age, as inescapable as death and taxes--or so many people believe. But what has been considered a truism today seems a less simple truth. The level of performance among elderly persons has been shown to be affected by factors other than age, including health, education, intelligence, and vocational background (Baer, 1972). Declines may be a function, for example, of ill health, or of disuse of intellectual capabilities rather than of old age. If this is so, one might speculate that under certain conditions the performance of the aged could be enhanced, possibly through social reinforcement. One means of reversing a decline resulting from a disuse of intellectual capabilities may be through reading activities in a social setting. Kingston (1973) has suggested that reading can help loneliness and can relieve the pain of social deprivation.

*Paper presented at the 22nd Annual Convention of the International Reading Association, Miami, May 1976.

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Purpose of the Study

The purpose of this study was to investigate the use of reading activities in the enhancement of the lives of nursing home patients. Nursing homes have developed during the last 25-30 years, and only recently have they changed focus from custodial situations to facilities providing a range of therapeutic services designed to help patients function at the highest level commensurate with their disability. Delvalle et al (1975) perceived a patient library in a nursing home to be a useful feature of the total program of social and personal rehabilition.

Preliminary interviews with the director of the facility and the occupational therapist in a local convalescent home revealed that only 4 of the 100 patients appeared to read regularly materials other than the newspaper and the Bible. Some browsed through large-type editions of the Readers' Digest, but little use was made of paperback novels placed in the patients' lounge by the occupational therapist.

Talking Books, though available in the nursing home, were seldom used. Many residents were not readers before becoming visually or physically handicapped; thus, the intellectual content of many of the titles, combined with the special, prolonged attentitiveness required, may have lessened full enjoyment. Meyers (1971) suggests that the equipment and special handling that are required may also confuse the aged person.

Subjects

In order to combine reading activities with social activities, two reading groups were formed in a local 100-bed convalescent home; the sessions were entitled "Social Circles."

The occupational therapist introduced the investigator to 15 "alert" patients. (Patients in the home appear to segregate on the basis of "alertness" vs "confusedness", and not along the lines of race, socioeconomic status, intelligence, or sex.) The 15 patients, and the husband of one patient expressed an interest in participating, and were then divided into two smaller groups for discussion sessions. One group consisted of three men and five women, ages ranging from 54 to 87. The other group contained eight individuals, five women, and three men, ranging in age from 60 to 92. Because of socioeconomic status, age, educational background, and prior experiences, the group did not fit neatly into the investigator's stereotypes of the aged. The oldest living graduate of a well-known Southern institution had read voraciously for 92 years, poor eyesight and hearing notwithstanding. One small black woman confined to a wheelchair due to a double amputation resulting from diabetes, was illerate but never missed a session. A 54-year-old aphasic female, alert but not able to speak, listened intently and nodded her agreement in discussion sessions. The youngest subject, a 44-year-old mentally retarded man, appeared

to enjoy both the selections, and the investigator. He exclaimed at the end of one session, "I'll take that one!" and suggested the investigator stay with him.

Methodology

Each "Social Circle" met on Friday afternoons for six weeks for 45 minut sessions. The investigator selected short stories of high interest, typed them on a primary typewriter, then made copies for each member of the two groups. Selections included a murder mystery, a story of a World War II paratrooper's adventures in France, and portions from Foxfire. The forthcoming Presidential elections also received some attention.

The patients gathered in the lounge, formed a circle, and chatted for a few minutes, then the investigator read the story of the day aloud since several participants had suffered loss of sight and/or hearing, and one subject was illerate. The investigator then posed questions designed to elicit discussions of rather controversial subjects: Should the murderer have received a suspended sentence? Should the flyer have taken refuge with the French family when he knew the German SS troops were following him? Does faith healing really work? Should Ford or Carter be elected President?

Discussion

The patients appeared to regard the reading sessions as social gatherings. The stories were received with interest,

but the discussions freqently shifted from the story to remembrances of earlier days. The World War II story elicited responses dealing with victory gardens, the black market, and rationing; while the folklore selections led to stories about frog hunting, water witches, and doodle bugs. One subject's aunt, a faith healer, could charm off warts, and talk the pain out of burns. The 87-year-old lady, perfectly alert though confined to a wheelchair, remembered the days when she could "lay her hand on the top of a split-rail fence, and sail over it like a deer." Arguments over the legality and morality of moonshine and bathtub gin split the groups into two camps, one side arguing the Baptist viewpoint, the other gleefully recalling the taste of the liquor.

Problems Inherent in Working with Nursing Home Patients

Problems arise in working with reading activities in a nursing home. Seventy-five percent of nursing home patients suffer from chronic illness or poor health (Schmidt, 1972), while 55 percent of the institutionalized aged have either organic or emotional mental problems (Romani, 1970). Many are trying to cope with poor vision or impaired hearing (Sloane and Draut, 1975). A national survey of nursing homes (Chronic Conditions and Impairments of Nursing Home Residents, 1969) reveals that 65 percent of nursing home residents have three or more chronic disabilities, including senility (34 percent), arteriosclerosis (58 percent), or heart trouble (36 percent).

Sex, age, and physical and mental disabilities of subjects in this study are summarized in Table 1. The most common physical

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Insert Table 1 about here

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ailment was heart disease (30 percent), but other disabilities included Parkinson's Disease, diabetes, broken hips and legs, cirrhosis of the liver, cancer, ulcers, and senility and mental retardation. These health problems result in frustration for both patient and reading specialist: some patients can't see to read, and others can't hear to participate in discussions after they have successfully read the selections. Attendance was sporadic, varying between six and eight present per group as patients only attended when they were feeling well. Two patients' attentiveness tended to phase in and out during the discussions, as the stimuli in the stories seemed to trigger past memories and precipitate daydreaming.

The knowledge that a patient generally does not leave the nursing home until he is moved to a funeral home results in a withdrawal from the outside world by many patients. Their farewell comments included such remarks as "I'll see you next week, if I'm still here," and "I'll see you next week if you come back. I'm sure not going anywhere!" Attention spans shorten, and much time is spent daydreaming about earlier times of good health and active participation in family life. Many

Table 1

Sex, Age, Physical and Mental Disabilities
of Participants in Reading Groups
(N=16)

Id. No.	Sex	Age	Physical and Mental Disabilities
1	F	78	Anemia, arteriosclerosis
2	F	72	Gastroenteritis, ulcers
3	F	80	Parkinson's Disease
4	M	87	Parkinson's Disease
5	F	54	Aphasic following cerebral aneurysm
6	F	87	Diabetes, double amputee
7	M	73	Broken hip and leg
8	M	44	Mentally retarded
9	M	60	Arteriosclerosis
10	F	73	Fractured hip, arteriosclerosis
11	F	69	Cirrhosis of the liver
12	M	91	Hearing loss, cancer of stomach
13	F	82	Hearing loss, senility
14	F	92	Arteriosclerosis
15	F	79	Rheumatic heart disease, recurrent congestive heart failure
16	M	74	None (husband of patient)

patients simply give up the struggle and withdraw completely from the harsh realities of their present condition.

The occupational therapist in the nursing home where the investigator conducted this study has tried to overcome this withdrawal through reality-orientation sessions designed to bring confused, disoriented patients back to awareness by asking questions about the time of day, the season of the year, the location of the patient. But, as Grossman (1976) suggests, some elderly individuals who don't know the date may not be disoriented because of organic deficit, but may be unaware of the day because all days are alike to him. He is as lonely on Saturday as on Wednesday.

Another form of withdrawal is, ironically, the withdrawal into reading mentioned by Kingston (1973), who warns that not all types of reading are beneficial. One resident read an average of seven books weekly to the exclusion of other activities, possibly as a means of avoiding social activities and of achieving solitude.

Withdrawal symptoms can be overcome. Mills (1976) observed emotions among the elderly in a medical center and noted confusion, depression, fear, anger, anxiety, and loneliness as examples of stressful behavior among the aged. But social group sessions resulted in statistically significant changes in stress patterns, with a 29 percent shift in mood to non-stressful behavior such as cheerfulness, calmness, happiness, and friendliness. The data suggest that any

postulated need for increased emotional support for the elderly is more likely an indirect effect from the elderly patients' hospitalization than from being older.

Personality conflicts between patients also present problems in conducting programs of this type. Both the men and the women accused each other of mopolizing the conversations. A sense of humor and a great deal of tact are necessary tools for leading discussion groups of this type. Some patients persisted in monopolizing the discussion; other needed to feel secure and nonthreatened in order to gain courage enough to express their opinions. Obvious concern, a warm personality, and an open mind are necessary personality characteristics for investigators working in this field.

Summary

The number of people over 65 is increasing at the rate of over 1,000 per day (Javelin, 1970). Of the 20 million Americans over 65, 927,000 are in homes for the aged. The problems of reducing withdrawal and enhancing the lives of nursing home patients and other elderly members of society becomes more serious as the number of aged increases. Further studies of the use of reading activities to enhance the lives of the elderly are therefore surely indicated.

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